

# LINC Commission Meeting

November 19, 2012



Over 540 students are playing chess in 26 LINC programs across the Kansas City area. LINC believes that chess enhances students' self-confidence and improves their thinking skills and academic achievement. The first LINC Chess K-12 tournament of the year will be held Sat., Dec. 1 at Gladstone Elementary (Kansas City, MO).

# Local Investment Commission (LINC) Vision

## Our Shared Vision

A caring community that builds on its strengths to provide meaningful opportunities for children, families and individuals to achieve self-sufficiency, attain their highest potential, and contribute to the public good.

## Our Mission

To provide leadership and influence to engage the Kansas City Community in creating the best service delivery system to support and strengthen children, families and individuals, holding that system accountable, and changing public attitudes towards the system.

## Our Guiding Principles

1. **COMPREHENSIVENESS:** Provide ready access to a full array of effective services.
2. **PREVENTION:** Emphasize “front-end” services that enhance development and prevent problems, rather than “back-end” crisis intervention.
3. **OUTCOMES:** Measure system performance by improved outcomes for children and families, not simply by the number and kind of services delivered.
4. **INTENSITY:** Offering services to the needed degree and in the appropriate time.
5. **PARTICIPANT INVOLVEMENT:** Use the needs, concerns, and opinions of individuals who use the service delivery system to drive improvements in the operation of the system.
6. **NEIGHBORHOODS:** Decentralize services to the places where people live, wherever appropriate, and utilize services to strengthen neighborhood capacity.
7. **FLEXIBILITY AND RESPONSIVENESS:** Create a delivery system, including programs and reimbursement mechanisms, that are sufficiently flexible and adaptable to respond to the full spectrum of child, family and individual needs.
8. **COLLABORATION:** Connect public, private and community resources to create an integrated service delivery system.
9. **STRONG FAMILIES:** Work to strengthen families, especially the capacity of parents to support and nurture the development of their children.
10. **RESPECT AND DIGNITY:** Treat families, and the staff who work with them, in a respectful and dignified manner.
11. **INTERDEPENDENCE/MUTUAL RESPONSIBILITY:** Balance the need for individuals to be accountable and responsible with the obligation of community to enhance the welfare of all citizens.
12. **CULTURAL COMPETENCY:** Demonstrate the belief that diversity in the historical, cultural, religious and spiritual values of different groups is a source of great strength.
13. **CREATIVITY:** Encourage and allow participants and staff to think and act innovatively, to take risks, and to learn from their experiences and mistakes.
14. **COMPASSION:** Display an unconditional regard and a caring, non-judgmental attitude toward participants that recognizes their strengths and empowers them to meet their own needs.
15. **HONESTY:** Encourage and allow honesty among all people in the system.



Monday, Nov. 19, 2012 | 4 – 6 pm  
Kauffman Foundation  
4801 Rockhill Rd.  
Kansas City, Mo. 64110

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## Agenda

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- I. Welcome and Announcements
- II. Approvals
  - a. October minutes (motion)
- III. Finance Committee Report
  - a. Audit
  - b. IRS Form 990
- IV. Superintendents' Reports
- V. State and LINC partnership
  - a. Brian Kinkade  
Interim Director, Mo. Dept. of Social Services, and  
Co-Director, Mo. Family and Community Trust
- VI. Missouri Health Issues
  - a. Medicaid Expansion
    - i. Brian Kinkade, Interim Director  
Missouri Dept. of Social Services
  - b. Health Insurance Exchange
  - c. Other
- VII. Other Reports
  - a. LINCWorks Report
  - b. LINC Chess expansion
  - c. Digital Divide – Time Warner initiative
- VIII. Adjournment



## THE LOCAL INVESTMENT COMMISSION – OCT. 15, 2012

The Local Investment Commission met at the Kauffman Foundation, 4801 Rockhill Rd., Kansas City, Mo. Chairman **Landon Rowland** presided. Commissioners attending were:

Sharon Cheers  
Jack Craft  
Steve Dunn  
SuEllen Fried  
Bart Hakan  
Judy Hunt  
Tom Lewin

Rosemary Lowe  
Mary Kay McPhee  
Richard Morris  
David Ross  
Bailus Tate  
Marge Williams

Rowland reported LINC Commissioner **Gene Stander** has died. Services were held on Saturday, Oct. 13.

Missouri Family Support Division (FSD) Kansas City Regional Administrator **Marge Randle** reported the following:

- The area served by the regional office has expanded to include Buchanan, DeKalb and Andrew counties in addition to Jackson, Clay and Platte. The expansion involves taking on new staff and changing staff roles.
- Next week FSD will hold a conference to recognize the eligibility specialists. LINC will videotape the event.
- Randle introduced **Greg Chailland**, FSD administrator for the St. Louis region, and his assistant, **Terri Brown**.

Discussion followed.

LINCWorks Director **Tom Jakopchek** reported the Kansas City area work participation rate has surpassed the state average and LINC's Missouri Work Assistance contract with the state has been renewed. Discussion followed.

***A motion to approve the Sept. 17, 2012, LINC Commission meeting minutes was passed unanimously.***

**Gayle A. Hobbs** gave the LINC President's Report:

- The Summer Electronic Benefit Transfer for Children food assistance program has been renewed for next summer. The past summer 5,300 area children were eligible for the benefit, with a 92% usage rate. The goal for next summer is to increase the usage rate while continuing to partner with the state of Missouri and school districts in the hope of affecting national food security policy.
- LINC assisted Housing Authority of Kansas City in throwing a birthday party for the girl known as L.P. who was the victim of child abuse. LINC also established a fund to receive community donations for the girl and her foster family. A video was shown.
- Kansas City Mayor **Sly James** read to children at Topping Elementary School in the North Kansas City School District on Oct. 12. LINC produced a video of the event to help raise awareness of the grade-level reading campaign involving 50 area partners. The video was shown.

## **Superintendents' Report**

- **John Ruddy** (Assistant Superintendent, Fort Osage School District) reported the district and LINC are partnering on a applying for a \$15-20 million Race to the Top grant. Even if the money is not awarded, the process of applying will help the district identify resources needed and plan for the future.
- **John Tramel** (Family Services Director, Independence School District) reported the LINC Caring Communities initiative is being reintroduced in the district. The effort will be featured in an upcoming LINC Commission meeting.
- **Ralph Teran** (Superintendent, Grandview School District) reported the district is applying with Center and Grandview on a Race to the Top grant and is focused on creating opportunities for students.
- **Everlyn Williams** (Superintendent, Hickman Mills School District) reported the district's Family Night, themed "Books Alive," was a success, and that students grades 1-5 in the LINC Before and After School program are beginning the Fast Math program.
- **Terry Ward** (School Board Member, North Kansas City School District) reported the district has hired a demographer to help plan for increasing enrollment and changing demographics including increased numbers of students on free /reduced lunch as well as English Language Learners. The district has reallocated existing funding to provide technology to teachers and students. The district is planning for the outcome of the Kansas City Public Schools lawsuit, legislative action around statewide education funding, and new standards and curriculum following the state's No Child Left Behind waiver.

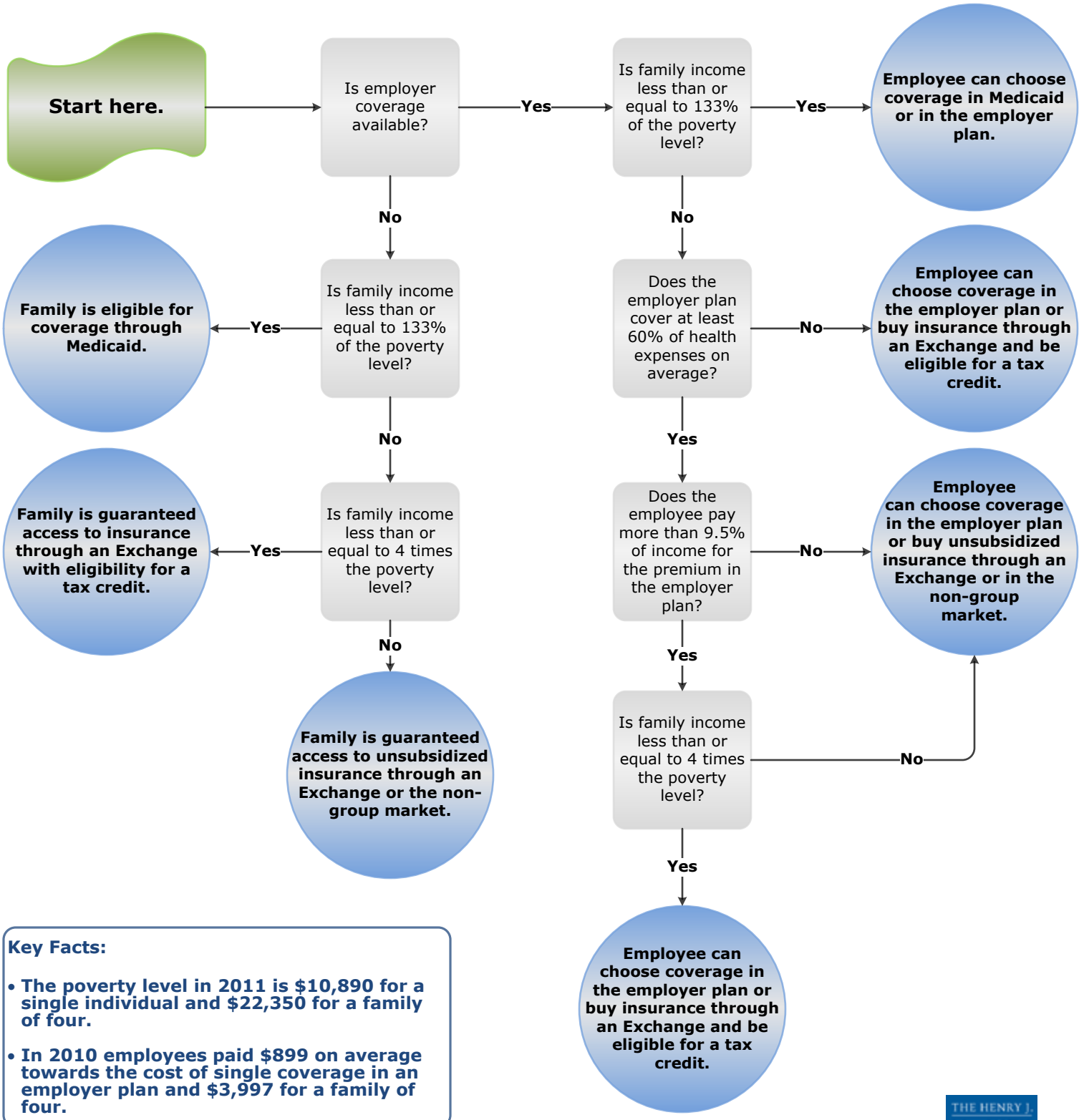
Center School District Superintendent **Bob Bartman** introduced a presentation on the districts "Made Smart" campaign to engage students and parents around college readiness. Center Public Relations Director **Kelly Wachel** reported on the district's efforts to design, produce, distribute, and market three booklets about how families can prepare students for school success and be able to go to college.

LINC staff **Ellen Schwartz** reported that LINC organized its biggest-ever Lights on After School celebration this year. Forty-seven events will hold celebrations for the national Oct. 18 event.

LINC staff **David Buchmann** reported on the efforts of the LINC data team to develop site data books for each of the LINC Caring Communities sites. The books are intended to provide community members with current, useful data around education, demographics, economy, housing, community resources, public assistance, and child abuse and neglect. Van Horn Caring Communities Site Coordinator **Lindsay Browne** and Van Horn Caring Communities Site Council Chair **Lisa Temple-Young** reported on using data books to engage students as well as site council members around community issues and to challenge assumptions about the community.

The meeting was adjourned.

# How People Get Health Coverage Under the Affordable Care Act Beginning in 2014



## Key Facts:

- The poverty level in 2011 is \$10,890 for a single individual and \$22,350 for a family of four.
- In 2010 employees paid \$899 on average towards the cost of single coverage in an employer plan and \$3,997 for a family of four.

## Notes

- Some states may have higher income eligibility levels for Medicaid.
- In some cases, children may be eligible for public coverage through Medicaid or CHIP while their parents are covered through an employer or an Exchange.
- Undocumented immigrants are ineligible for Medicaid and may not purchase coverage in an Exchange or receive a tax credit.
- In general, people are required to obtain coverage or pay a penalty, but those whose health insurance premiums exceed 8% of family income (after tax credits or employer contributions are taken into account) will not be penalized if they choose not to purchase coverage.
- Final regulations specifying how dependents of workers with employer coverage available are treated have not yet been issued. Draft rules indicate that the affordability of employer coverage (i.e., whether it costs more than 9.5% of income) will be based on the required premium for a single worker rather than family coverage.
- Small businesses may choose to buy insurance through newly created SHOP Exchanges or directly from insurers.



November 8, 2012

## With Obama Re-Elected, States Scramble Over Health Law

By [ABBY GOODNOUGH](#) and [ROBERT PEAR](#)

After nearly three years of legal and political threats that kept [President Obama's health care law](#) in a constant state of uncertainty, his re-election on Tuesday all but guarantees that the historic legislation will survive.

Now comes another big hurdle: making it work.

The election came just 10 days before a critical deadline for states in carrying out the law, and many that were waiting for the outcome must now hustle to comply. Such efforts will coincide with epic negotiations between Mr. Obama and Congress over federal spending and taxes, where the administration will inevitably face pressure to scale back some of the costliest provisions of the law.

Mr. Obama faces crucial choices about strategy that could determine the success of the health care overhaul: Will the administration, for example, try to address the concerns of insurers, employers and some consumer groups who worry that the law's requirements could increase premiums? Or will it insist on the stringent standards favored by liberal policy advocates inside and outside the government?

But for now — with Democrats retaining control of the Senate and Mitt Romney's vow to "repeal and replace" the law no longer a threat — supporters are exulting.

"For our district and for our country, the debate on Obamacare is over," declared Bill Foster, a Democrat elected Tuesday to the House from a suburban Chicago district.

Many supporters feel one of Mr. Obama's most important tasks will be to step up efforts to promote and explain the law to a public that remains sharply divided and confused about it. In exit polls on Tuesday, nearly half of voters said the law should be either partly or fully repealed.

"There is still a tremendous amount of disinformation out there," said Jeff Goldsmith, a health industry analyst based in Virginia. "If you actually are going to implement this law, people need to know what's in it — not just the puppies-and-ice-cream parts, but 'Here are the broader social changes intended and how they can help you.' "

Already, advocacy groups eager for the law to succeed have shifted into a higher gear. One such group, Families USA, held a conference call on Thursday with about 300 advocates around the country to strategize about next steps, said Ronald F. Pollack, the group's executive director. Enroll America, a sister organization, will hold focus groups next week in Ohio, Pennsylvania and Texas to collect ideas for a public education campaign.

Much depends on the states as they decide in the coming weeks and months whether to build online marketplaces known as insurance exchanges, where individuals and small businesses can

shop for health plans, and whether to expand their [Medicaid](#) programs to reach many more low-income people.

The clock is ticking on the exchange question in particular: states have until next Friday to decide whether they will build their own exchange or let the federal government run one for them. Some states have asked the administration for more time.

So far, only about 15 states and the District of Columbia have created the framework for exchanges through legislation or executive orders; three others have committed to running exchanges in partnership with the federal government. A number of Republican governors, including those in Arizona, Idaho, New Jersey, Virginia and Tennessee, had said they would decide after the election, giving themselves only a 10-day window before the deadline.

“I would expect that starting today there are a significant number of fascinating conversations going on behind closed doors in state capitols all over America,” said John McDonough, a professor of public health at Harvard who helped draft the law.

With deficit-reduction talks beginning in Washington next week, some observers believe that the law’s most expensive provisions — like federal subsidies to help families with incomes up to 400 percent of the poverty level pay their insurance premiums — could be scaled back in the name of deficit reduction.

“We know folks on the Hill are talking about this already,” said David Smith, an analyst at Leavitt Partners, a consulting firm that advises states on the law. “There are a lot of competing factors, but they have to find the savings and we believe health care will be one of the places where they will go.”

Another target for budget-cutters could be the planned expansion of Medicaid to people with incomes up to 133 percent of the poverty level — a crucial step toward the law’s goal of insuring about 30 million Americans.

When the Supreme Court upheld the health care law in June, it ruled that states do not have to participate in the expansion. For those that do, the federal government would pay the full cost for the first three years, starting in 2014, and gradually decrease its share to 90 percent in 2020 and beyond. As part of a deficit-reduction deal, Mr. Smith said, the Obama administration could agree to reduce the federal share.

In the nearer term — perhaps within weeks — the Department of Health and Human Services is expected to issue a torrent of federal regulations and informal guidance to carry out the law. Without these rules, insurance executives said, it is virtually impossible for them to devise the health plans that will be offered in every state through insurance exchanges.

The marketing of those health plans begins in October 2013, for coverage starting Jan. 1, 2014, the date by which the law requires most people to have insurance or pay a tax penalty. But state insurance regulators say they need to start reviewing the new products — for compliance with federal and state laws — much earlier, in the first few months of 2013.

Justine G. Handelman, a vice president of the Blue Cross and Blue Shield Association, said insurers were still waiting for the administration to define “essential health benefits” and provide details of “insurance market reforms” and consumer protections at the heart of the law.



The law says, for example, that rates for older subscribers cannot be more than three times the rates for young adults. But, Ms. Handelman said, the administration has not said how those ratios will be calculated. Will the government compare premiums for a 64-year-old and a 19-year-old? Or will it compare the rates for different age groups — 55 to 64 and 19 to 25, for example?

Although there is no deadline for states to indicate whether they will expand Medicaid, hospitals and other stakeholders are already lobbying the states to do so. Hospitals will see reimbursement rates trimmed under the health care law, and expanding Medicaid would bring new paying customers to help cover their losses.

Some states are worried about the cost, regardless, and have talked about pursuing a partial expansion instead. Whether the Obama administration would allow that is one of the many questions awaiting answers.

While the prospect of repeal appears dead, Professor McDonough predicted that Republicans in Congress would still seek to delay the fulfillment of the law's major components — the mandate that most Americans carry [health insurance](#) by January 2014, for example, and the premium subsidies. That would be “a trap,” he said, because the Senate could theoretically flip to Republican control in November 2014, presenting “a new set of opponents to blockade implementation.”

Brett Graham, a partner at Leavitt Partners, said that he did not think a delay was likely, but that the Obama administration, realizing it may be impossible for many states to be ready by January 2014, might redefine what they need to do by then.

“Part of this is redefining what the expectation is,” he said, “and we fully expect them to do that.”

## Hospitals sound warnings about bypassing Medicaid expansion

August 06, 2012 12:15 am • [BY ELIZABETH CRISP ecristp@post-dispatch.com](mailto:BY ELIZABETH CRISP ecristp@post-dispatch.com) > 573-635-6178

**JEFFERSON CITY** • Missouri hospitals say they stand to lose millions of dollars if the state's Republican-led Legislature rejects the option of expanding Medicaid.

The projected loss of up to nearly \$400 million would come from cuts to federal Disproportionate Share Hospital (DSH) payments, and at least one doctor has speculated the cuts could force some rural hospitals to close.

The cuts were to be eased by a Medicaid expansion that would add more than 300,000 Missourians to that program, but leaders in the Missouri House and Senate say they are likely to block that move.

"If you don't expand Medicaid and you eliminate the DSH funding, you have the ability to significantly impact hospitals' financials," Missouri Hospital Association spokesman Dave Dillon said. "It's extremely problematic."



At a recent MO HealthNet advisory committee meeting, state Medicaid director Ian McCaslin said the federal law's impact on those payments will give states a reason to "think hard about (Medicaid expansion)."

After the Supreme Court ruled last month that the Medicaid expansion would not be mandatory, Missouri's Republican legislative leaders were quick to say they opposed the expansion because of the impact it could have on the state budget. While the federal government would pay a projected \$8.4 billion through 2019 for the expansion in Missouri, the state would have to pay \$431 million and an estimated \$100 million each year after that to cover the cost of new enrollees.

But state officials likely will face mounting pressure from the powerful hospital lobby in the coming months.

The Congressional Budget Office predicted the battle in a July report. "Pressure to expand Medicaid coverage is also likely to come from health care providers that stand to gain when more people have coverage. In particular, hospitals that will receive smaller disproportionate share payments from Medicaid under the (Affordable Care Act) may exert pressure on states to make up for those losses by expanding Medicaid eligibility," the report states.

The federal government gives the disproportionate share money to hospitals that serve significantly more low-income patients to help cover costs for treating the uninsured, but those payments are to be scaled back significantly under the federal health care law. Under the original plan, many of the patients would be covered under the newly expanded Medicaid program, essentially reducing the need for disproportionate share payments.

The federal health care law calls for more than \$22 billion in disproportionate share payment cuts between 2014 and 2022, according to an estimate from the Congressional Budget Office. The cuts will be distributed among the states based on several factors, so the immediate impact

to Missouri remains to be seen, but experts have estimated that states could lose half of their annual disproportionate share funding.

Missouri currently is one of the top recipients per capita. Hospitals here are slated to receive \$784 million in disproportionate share payments in the 2013 budget, Dillon said.

"We're talking about it being reduced by as much as 50 percent a year," he said. "You're talking about real cuts."

MO HealthNet oversight committee chair Dr. Corinne Walentik said the cuts could have a significant impact on rural hospitals.

Walentik, a professor of pediatrics in the Division of Neonatal-Perinatal Medicine at St. Louis University, said she worries that as many as 40 to 50 percent of rural hospitals could close if those payments cease with no backup.

"It would probably cost the state more to not take (the Medicaid expansion)," she said. She compared the expansion with a stimulus program that will help rural communities save thousands of jobs that would be lost if hospitals are forced to shutter because of the financial constraints.

Dillon was more reserved with his assessment.

"We don't want to be alarmists," he said. "There's a lot of water to pass under the bridge."

But he said that it wouldn't just be rural hospitals. Larger hospitals in St. Louis and Kansas City also could face deep cuts, he said.

Sen. Rob Schaaf, a Republican from St. Joseph who serves on the MO HealthNet oversight committee, predicted that Missouri won't expand Medicaid and that the federal government will change its plans and address the concerns over DSH payments.

The federal government has not set a timeline for states to decide whether they will expand their Medicaid programs, and McCaslin estimated that it could be six to nine months before Missouri has a real sense of direction.

As the Medicaid expansion plan currently stands, the federal government would pay for the first three years for states that opt in. The states eventually would have to pay 10 percent of the costs of the newly covered.

Missouri would receive nearly \$19.50 for every dollar it spends on the expanded program between 2014 and 2019, but Republican leaders say the state can't afford to add more people to Medicaid at the expense of cutting education or public safety.

Dillon said that because Medicaid is funded in Missouri partly through provider taxes, the real impact would likely be less.

"You're not talking about a lot of general revenue dollars that are coming from other places," he said. "You're not even talking about the full 10 percent."

## Supreme Court Rules on the Affordable Care Act: Significant Fiscal Impact for Missouri

[In an historic ruling today](#), the United States Supreme Court upheld the entirety of the *Affordable Care Act* (ACA, or health reform) as constitutional. The Court ruled that while the Congress does not have the authority under the Commerce Clause to require purchase of insurance (commonly referred to as the individual mandate), this provision of the law can be implemented under Congress' taxing authority.

However, the Court did rule that states may not be compelled to participate in the Medicaid expansion included in the health care reform law. Under the ACA, Medicaid eligibility is expanded from current levels (approximately 19 percent) to 133 percent of the federal poverty level and extended beyond parents, seniors and people with disabilities to include all income eligible adults. The ruling has significant fiscal implications for Missouri.

According to the Kaiser Foundation, **the Medicaid expansion in Missouri will extend coverage to as many as 307,872 Missourians and will generate \$8.395 billion in federal funds for the health care industry** in Missouri over the first five years of implementation of the Medicaid expansion, beginning in 2014. Because the ACA provides 100 percent federal financing for the Medicaid expansion from 2014 through 2017, reducing to 90 percent federal financing by 2020 and beyond, the amount of funding required from the state is significantly reduced. To generate the estimated \$8.395 billion as projected by Kaiser, Missouri will only need to invest \$431 million in the first five years of implementation. In addition, Missouri's net cost is likely to decrease as a result of the expanded coverage because the state should realize savings in uncompensated care over time.

**The injection of federal financing will have significant impacts on the health care industry in the state as well as the economy in general.** In addition to the Medicaid financing, new tax credits for individuals and small businesses intended to make access to health insurance more affordable will not only will bring new funding to Missouri, but will also allow those small businesses and individuals to utilize more of their incomes for other needs, including business expansion and individual purchasing, thereby generating further economic activity.

Although states have the option not to expand Medicaid coverage, it would make little economic sense for Missouri to forego this critical opportunity to boost the state's economy. Now that the court has ruled, the Missouri Budget Project will begin fully assessing the economic impact and budgetary implications of its various components on Missouri. Stay tuned.

**Table 1: Standard Participation Scenario**

	Coverage in 2019			Spending in 2014-2019 (in millions)				Change From Baseline 2014-2019			
	Total New Medicaid Enrollees*	Previously Uninsured Newly Enrolled	% Reduction in Uninsured Adults < 133% FPL	State Spending	Federal Spending	Total Spending	% Federal Spending	Enrollment in 2019	State Spending	Federal Spending	Total Spending
<b>Northeast</b>											
Connecticut	114,083	75,864	48.0%	\$263	\$4,686	\$4,949	94.7%	20.1%	1.2%	21.0%	11.1%
Maine	43,468	27,877	47.4%	-\$118	\$1,857	\$1,738	100%*	11.8%	-1.5%	12.9%	7.7%
Massachusetts**	29,921	10,401	10.2%	-\$1,274	\$2,137	\$864	100%*	2.0%	-2.1%	3.5%	0.7%
New Hampshire	55,918	34,625	48.7%	\$63	\$1,204	\$1,267	95.0%	38.8%	1.1%	21.3%	11.2%
New Jersey	390,490	292,489	45.3%	\$533	\$9,030	\$9,563	94.4%	38.1%	1.2%	20.9%	11.1%
New York	305,945	223,175	14.8%	\$50	\$8,049	\$8,099	99.4%	6.0%	0.0%	3.3%	1.7%
Pennsylvania	482,366	282,014	41.4%	\$1,054	\$17,086	\$18,140	94.2%	21.7%	1.4%	17.7%	10.5%
Rhode Island	41,185	29,147	50.6%	\$70	\$1,559	\$1,629	95.7%	20.0%	0.7%	14.6%	8.1%
Vermont	4,484	3,214	10.2%	-\$26	\$112	\$86	100%*	2.8%	-0.6%	1.9%	0.9%
<b>Midwest</b>											
Illinois	631,024	429,258	42.5%	\$1,202	\$19,259	\$20,461	94.1%	25.8%	1.6%	25.9%	13.8%
Indiana	297,737	215,803	44.2%	\$478	\$8,535	\$9,013	94.7%	29.4%	2.5%	22.9%	16.1%
Iowa	114,691	74,498	44.1%	\$147	\$2,800	\$2,947	95.0%	25.3%	1.4%	15.7%	10.3%
Kansas	143,445	89,265	50.9%	\$166	\$3,477	\$3,643	95.4%	42.0%	1.7%	24.0%	14.8%
Michigan	589,965	430,744	50.6%	\$686	\$14,252	\$14,938	95.4%	30.2%	2.0%	21.5%	14.8%
Minnesota	251,783	132,511	44.2%	\$421	\$7,836	\$8,257	94.9%	32.9%	1.2%	22.0%	11.6%
Missouri	307,872	207,678	45.5%	\$431	\$8,395	\$8,826	95.1%	29.8%	1.7%	19.5%	13.0%
Nebraska	83,898	50,364	53.9%	\$106	\$2,345	\$2,451	95.7%	36.2%	1.5%	23.5%	14.4%
North Dakota	28,864	17,198	45.1%	\$32	\$595	\$627	94.9%	44.0%	1.4%	16.9%	10.8%
Ohio	667,376	462,024	50.0%	\$830	\$17,130	\$17,960	95.4%	31.9%	1.6%	19.2%	12.8%
South Dakota	31,317	18,594	51.9%	\$32	\$717	\$748	95.8%	25.9%	1.1%	16.4%	10.5%
Wisconsin	205,987	127,862	50.6%	\$205	\$4,252	\$4,457	95.4%	20.8%	0.9%	12.7%	8.0%
<b>South</b>											
Alabama	351,567	244,804	53.2%	\$470	\$10,305	\$10,776	95.6%	36.9%	3.6%	35.9%	25.7%
Arkansas	200,690	154,836	47.6%	\$455	\$9,401	\$9,856	95.4%	27.9%	4.7%	38.9%	29.1%
Delaware	12,081	7,916	15.9%	\$3	\$387	\$390	99.2%	6.7%	0.1%	6.2%	3.3%
District of Columbia	28,900	15,308	49.1%	\$42	\$902	\$944	95.6%	16.1%	0.9%	8.3%	6.1%
Florida	951,622	683,477	44.4%	\$1,233	\$20,050	\$21,283	94.2%	34.7%	1.9%	24.3%	14.3%
Georgia	646,557	479,138	49.4%	\$714	\$14,551	\$15,265	95.3%	40.4%	2.7%	28.9%	19.8%
Kentucky	329,000	250,704	57.1%	\$515	\$11,878	\$12,393	95.8%	37.3%	3.5%	32.2%	24.0%
Louisiana	366,318	277,746	50.7%	\$337	\$7,273	\$7,610	95.6%	32.4%	1.7%	21.6%	14.4%
Maryland	245,996	174,484	46.2%	\$533	\$9,112	\$9,645	94.5%	32.4%	1.7%	29.6%	15.6%
Mississippi	320,748	256,920	54.9%	\$429	\$9,865	\$10,294	95.8%	41.2%	4.8%	37.0%	28.9%
North Carolina	633,485	429,272	46.6%	\$1,029	\$20,712	\$21,741	95.3%	38.2%	2.6%	29.0%	19.7%
Oklahoma	357,150	261,157	53.1%	\$549	\$12,179	\$12,728	95.7%	51.2%	4.0%	48.2%	32.7%
South Carolina	344,109	247,478	56.4%	\$470	\$10,919	\$11,389	95.9%	38.4%	3.6%	36.0%	26.3%
Tennessee	330,932	245,691	43.3%	\$716	\$11,072	\$11,788	93.9%	20.9%	2.5%	20.4%	14.3%
Texas	1,798,314	1,379,713	49.4%	\$2,619	\$52,537	\$55,156	95.3%	45.5%	3.0%	38.9%	24.7%
Virginia	372,470	245,840	50.6%	\$498	\$9,629	\$10,127	95.1%	41.8%	1.8%	35.1%	18.4%
West Virginia	121,635	95,675	56.7%	\$164	\$3,781	\$3,945	95.9%	29.5%	2.4%	20.4%	15.6%
<b>West</b>											
Alaska	42,794	33,106	48.4%	\$117	\$2,046	\$2,163	94.6%	38.5%	2.1%	36.9%	19.5%
Arizona	105,428	81,095	13.6%	\$56	\$2,091	\$2,147	97.4%	7.7%	0.2%	4.2%	2.9%
California	2,008,796	1,406,101	41.5%	\$2,982	\$44,694	\$47,676	93.7%	20.1%	1.5%	23.0%	12.3%
Colorado	245,730	166,471	50.0%	\$286	\$5,917	\$6,203	95.4%	47.7%	1.8%	37.1%	19.4%
Hawaii	84,130	42,381	50.0%	-\$28	\$2,999	\$2,971	100%*	38.0%	-0.5%	46.8%	24.0%
Idaho	85,883	59,078	53.9%	\$101	\$2,402	\$2,502	96.0%	39.4%	2.5%	27.1%	19.4%
Montana	57,356	37,978	49.6%	\$100	\$2,178	\$2,278	95.6%	54.5%	3.7%	40.0%	27.9%
Nevada	136,563	100,813	47.0%	\$188	\$3,445	\$3,633	94.8%	61.7%	2.9%	49.8%	27.1%
New Mexico	145,024	111,279	52.6%	\$194	\$4,510	\$4,704	95.9%	28.3%	2.1%	21.3%	15.5%
Oregon	294,600	211,542	56.7%	\$438	\$10,302	\$10,739	95.9%	60.6%	3.6%	50.6%	33.1%
Utah	138,918	78,284	52.5%	\$174	\$4,129	\$4,304	96.0%	56.1%	3.7%	35.3%	26.2%
Washington	295,662	189,463	52.2%	\$380	\$8,271	\$8,651	95.6%	25.2%	1.2%	26.0%	13.6%
Wyoming	29,899	19,099	53.0%	\$32	\$683	\$715	95.6%	40.0%	1.2%	26.8%	14.0%
<b>Total</b>	<b>15,904,173</b>	<b>11,221,455</b>	<b>44.5%</b>	<b>\$21,148</b>	<b>\$443,530</b>	<b>\$464,678</b>	<b>95.4%</b>	<b>27.4%</b>	<b>1.4%</b>	<b>22.1%</b>	<b>13.2%</b>

\*Includes newly enrolled 1115 waiver eligible population.

\*\*Massachusetts has a low share of uninsured within the newly enrolled due to low levels of uninsurance in the baseline.

Note: These estimates relate solely to the Medicaid expansion and do not account for other changes in health reform such as access to subsidized coverage in the exchanges or state or federal savings from reduced uncompensated care or the transition of individuals from state-funded programs to Medicaid in 2014.

Nov. 9, 2012

## **No state-run health insurance exchanges in Missouri or Kansas**

### **The Kansas City Star**

Missouri will be unable to implement a key provision of federal health care law, Gov. [Jay Nixon](#) announced Thursday.

Meantime, Kansas Gov. [Sam Brownback](#) says he won't support an application from Insurance Commissioner [Sandy Praeger](#) to establish a state-federal health insurance marketplace.

That means it will be up to the federal government to establish health insurance exchanges in Missouri and Kansas. The exchanges are designed to be online marketplaces where individuals and small businesses can compare and buy private insurance plans.

As part of the Affordable Care Act, or Obamacare, the states face a Nov. 16 deadline to notify the federal government if they want to run their own insurance exchange. They must be open for business by 2014. When states do not open their own, the federal government will step in and set up an exchange.

"I think it's a duty best handled by the state," Nixon said, later adding: "But a state-based option is not on the table at this time."

This week, voters approved a ballot measure prohibiting the governor from establishing an exchange without the involvement of the General Assembly. The Democratic governor said that because of the constraints of that measure, and reluctance of Republican legislative leaders, the only option left is to tell the federal government Missouri will be unable to proceed with a state-based exchange.

A bill creating the "Show Me Health Insurance Exchange" cleared the Missouri House last year with unanimous support. The measure died in the state Senate, however, after several senators expressed concerns. It was never brought up during the most recent legislative session, and House leadership expressed little enthusiasm for the idea following the 2012 elections.

Brownback's decision, announced Thursday, illustrates the divide over the federal health care law between the conservative Republican governor and the moderate Republican Praeger.

Praeger, who is an elected commissioner, had been working on a grant application to seek a state-federal partnership to manage the exchange in Kansas. Brownback had to sign a letter of support before the application could be filed with federal officials.

"Obamacare," Brownback said in a news release, "is an overreach by Washington and (Kansans) have rejected the state's participation. ... We will not benefit from it and implementing it could cost Kansas taxpayers millions of dollars."

Read more here: <http://midwestdemocracy.com/articles/nixon-no-state-run-health-insurance-exchange-in-missouri/#storylink=cpy>



## **Proposition E Summary: Health Insurance Exchange in Missouri November 6, 2012 Missouri Ballot Measure**

### **The Question**

Should Missouri law prohibit the Governor or any state agency from implementing health insurance exchanges without legislative authorization or voter approval?

### **The Issue**

The Patient Protection and Affordable Care Act establishes Health Insurance Exchanges to improve access to private health insurance for individuals and small businesses. The health reform law intends for exchanges to be marketplaces that offer consumers affordable, comprehensive, private health insurance options similar to those available to members of Congress. Exchanges aim to bring more transparency and accountability to the insurance market so that buying quality, low-cost coverage is easier for individuals and small businesses.

### **The Proposal**

Proposition E seeks voter input on whether state officials and agencies should be allowed to conduct activities to establish and operate a health insurance exchange in Missouri without approval from the legislature. Proposition E bans Missouri's Governor from issuing an executive order to establish a health insurance exchange.

### **Fiscal Effect**

Estimates released by the Missouri State Auditor's office concluded there would be no direct financial effects of Proposition E and that indirect costs or savings from enforcement actions, missed federal funding, avoided implementation costs, and other issues are unknown.

#### **Yes Vote / Supporters**

Missouri law will prohibit the Governor from issuing an executive order to establish a health insurance exchange. Missouri law will block state officials, agencies, and other stakeholders from working to implement a health insurance exchange without legislative authorization or voter approval.

Proposition E would delay the creation of state-based health insurance exchanges in Missouri. The Governor should have specific authority from voters or the legislature before an exchange is implemented.

#### **No Vote / Opponents**

Missouri law will allow state officials, agencies, and other stakeholders to move forward in working on plans to implement a health insurance exchange in Missouri. No additional legislation will be required for a federal exchange, however, a state-based exchange may require specific state legislation.

Proposition E would slow exchange implementation by limiting the ability of state officials, agencies, and other stakeholders to evaluate key decisions and accomplish major tasks before an exchange is operational.

### **Bottom Line**

Federal law requires that Missouri have an operating exchange by January 1, 2014. Proposition E influences who in Missouri will be involved in the design of the exchange and the timing of that involvement.

## **Background**

The Patient Protection and Affordable Care Act (ACA) establishes Health Insurance Exchanges to improve access to private health insurance for individuals and small businesses. The ACA intends for health insurance exchanges to be structured marketplaces that offer consumers affordable, comprehensive, private health insurance options similar to those available to members of Congress. Through exchanges, consumers will be able to directly compare and purchase private health insurance plans that compete on the basis of price, quality, and other factors. By providing a “one-stop shop” for health insurance, exchanges aim to bring more transparency and accountability to the insurance market so that buying quality, low-cost coverage is easier for individuals and small businesses.<sup>1</sup>

While the ACA and other federal provisions create the overall exchange framework and set the standards for exchange design and function, the federal government gives states a great deal of flexibility over many exchange details and provides tools and resources for a state to best meet the unique needs and interests of its residents and marketplaces. A state may decide to operate an exchange itself and create a State-Based Exchange; establish an exchange in partnership with the federal government through a Partnership Exchange; or, defer exchange implementation and operation work to the federal government in a Federally-Facilitated Exchange.<sup>2</sup> Whether state-run or federally-run, the ACA requires an exchange must be functioning in every state by January 1, 2014.

Senate Bill 464 (SB 464) was introduced in the 2012 Missouri General Assembly to prohibit state officials and state agencies from conducting activities to establish and operate a health insurance exchange in Missouri without legislative authorization or voter approval.<sup>3</sup> In May 2012, the General Assembly approved a ballot measure for SB 464—Proposition E—to seek voter input on whether state officials and agencies should be allowed to conduct activities to establish and operate a health insurance exchange in Missouri without approval from the legislature. Missouri voters will decide the Proposition E ballot measure on November 6, 2012.

## **Key Provisions**

Proposition E prohibits establishing, creating, or operating a health insurance exchange in Missouri, without a legislative act, an initiative petition, or referendum authorizing the establishment and operation of the exchange. The measure expressly bars Missouri’s Governor from establishing an exchange through an executive order. Proposition E outlaws all state agency activities to implement an exchange unless authorized by statute, and prohibits agencies from establishing exchange programs or issuing exchange rules or policies. State agencies are barred from performing exchange functions without statutory authority.

Additionally, Proposition E restricts federally-run exchanges in Missouri by preventing state agencies from entering into agreements to establish or operate a federally-facilitated exchange and from providing assistance or resources related to the creation of a federal exchange, unless the agency receives statutory authority or the assistance is mandated by federal law. The bill gives Missouri taxpayers and members of the General Assembly the ability to sue the state for engaging in exchange-related activities or otherwise violating Proposition E provisions.

## **Fiscal Effect**

Estimates released in June by the Missouri State Auditor’s office concluded there would be no direct financial effects of Proposition E and that indirect costs or savings from enforcement actions, missed federal funding, avoided implementation costs, and other issues are unknown.<sup>4</sup>



## Implications

Because launching a Missouri-run exchange by the 2014 deadline is unlikely, Missouri is expected to have a Federally-Facilitated Exchange. Although the federal government will be responsible for many aspects of the exchange, federal officials still encourage a strong level of communication and coordination with states. Missouri will continue to play a primary role in areas traditionally within the scope of state authority, such as insurance market regulation. The federal government has also offered federal funding to support necessary state activities to establish the federal exchange. A number of factors, including budget and staffing issues, make working toward a federal exchange that best meets the needs of Missourians a challenging task for state officials, agencies, and other stakeholders. Proposition E influences who in Missouri will be involved in the design of the exchange and the timing of that involvement.

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4. Missouri State Auditor's Office, Fiscal Note 12-16, 2012. Retrieved from <http://www.auditor.mo.gov/Notes/12-16.pdf>.



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Missouri law will prohibit the Governor from issuing an executive order to establish a health insurance exchange. Missouri law will block state officials, agencies, and other stakeholders from working to implement a health insurance exchange without legislative authorization or voter approval.

Proposition E would delay the creation of state-based health insurance exchanges in Missouri. The Governor should have specific authority from voters or the legislature before an exchange is implemented.

#### **No Vote / Opponents**

Missouri law will allow state officials, agencies, and other stakeholders to move forward in working on plans to implement a health insurance exchange in Missouri. No additional legislation will be required for a federal exchange, however, a state-based exchange may require specific state legislation.

Proposition E would slow exchange implementation by limiting the ability of state officials, agencies, and other stakeholders to evaluate key decisions and accomplish major tasks before an exchange is operational.

### **Bottom Line**

Federal law requires that Missouri have an operating exchange by January 1, 2014. Proposition E influences who in Missouri will be involved in the design of the exchange and the timing of that involvement.

## **Introducing: The new health insurance marketplace**

Beginning in 2014, consumers can choose an insurance plan through a new online marketplace. The plans sold in this marketplace will be required to meet quality standards and cover a minimum set of health benefits, and millions of families will get subsidies to help pay their premiums. Members of Congress will be required to purchase coverage in the new marketplace, choosing from the same plans as everyone else.

The rules are still being developed, but below are answers to some basic questions about how the new marketplace will work.

### **What is a health insurance exchange?**

A health insurance exchange is a new marketplace to give consumers better health insurance choices. Beginning in 2014, the marketplace will let consumers compare plans apples-to-apples, enforce high quality standards, and bring down costs by improving consumers' buying power. The marketplace will mostly be online, like a travel website, but there will be special help for people without internet access or limited internet knowledge.

### **What type of health plans will be offered?**

Plans can be HMOs, PPOs, high-deductible, or other kinds of plans. To be sold in the marketplace, plans must cover a required list of health benefits, meet guidelines for co-pays and other cost-sharing, have an adequate number of doctors in the network, and meet other quality standards. In addition to other private plans, every marketplace will have at least two national plans to choose from. Some marketplaces also may have "co-op" plans that are set up by consumers to compete with plans offered by insurance companies. Ideally, the marketplace will have the power to negotiate with plans to make sure they offer the best value, but insurance companies want to force the marketplace to sell every plan, even if it isn't a good deal.

### **Who can buy insurance in the marketplace?**

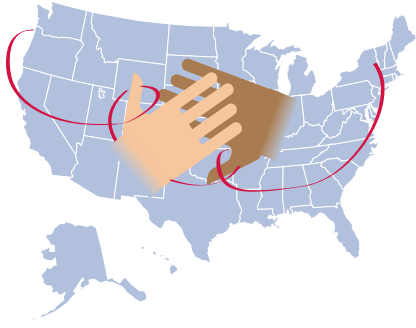
Any U.S. citizen or legal resident can choose to buy insurance in the marketplace. Members of Congress and their staffs will also buy insurance there, giving them the same options as millions of Americans. By 2019, about 23 million people will buy insurance in the marketplace. Undocumented immigrants cannot buy insurance in the marketplace.

### **Will insurance be affordable?**

Yes. People who don't have good insurance through their job or a government program, like Medicare or Medicaid, may be eligible for financial help paying for premiums. This help is available for families with income up to \$75,000 for a family of three; the more income you earn, the lower your subsidy will be. The subsidy will be available at the start of the year and then will be recorded on your taxes as a tax credit. People who have high incomes can purchase insurance in the exchange but won't get subsidies.

### **Do I have to buy insurance there? Can I keep the insurance I have now?**

No one is required to buy insurance through the marketplace. Insurance will still be sold outside, too, and you can keep the plan you have today if you think it's a better deal. Most people will still get insurance through their job, like they do today. However, premium subsidies can only be used inside the marketplace.



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# Why We Need a Health Insurance Exchange

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Families USA • June 2011

The Patient Protection and Affordable Care Act (the new health care law) calls for the creation of a competitive health insurance marketplace called an “exchange” in every state by 2014. Consumers will greatly benefit once an exchange is in place. Here’s why:

- **Competition:** An exchange will make the state’s insurance market more competitive. The exchange will force insurers to compete for customers based on value, instead of luring them with the trickiest fine print. The exchange will have an easy-to-use website that allows consumers to make apples-to-apples comparisons when they shop for health plans. On this level playing field, quality insurers of all sizes—not just the largest and most powerful—will be able to compete.
- **Transparency:** Insurers in the exchange will have to use easy-to-understand language to describe their products—a vast improvement over the confusing jargon that consumers face now. And insurers will be required to share information about plan costs and quality in a standardized way so that consumers can truly understand what they’re getting.
- **Affordability:** In the exchange, middle-class consumers (those who earn up to nearly \$90,000 for a family of four in 2011) will be eligible for tax credits to help them pay their insurance premiums. Many people will also receive help with copayments, deductibles, or other cost-sharing. And the exchange will monitor insurers to make sure that they aren’t unreasonably increasing their premium rates from year to year.
- **Accountability:** In the exchange, consumers will gain important protections against insurer abuses. Marketing standards will prohibit unethical advertising. Provider network standards will ensure that every health plan has enough doctors. And, premium reviews will make sure that plans aren’t unjustly hiking costs for consumers.
- **Quality:** Quality and customer satisfaction ratings for all health plans in the exchange will be posted online, helping consumers make an informed decision when choosing a plan. And exchange plans will be required to meet quality standards and implement quality improvement strategies so that consumers know that they are getting a good product.
- **Assistance:** Health insurance can be confusing; but in the exchange, direct assistance will be available. A toll-free hotline will take consumer questions, and “navigators” will help people understand and enroll in coverage. In addition, consumer assistance programs will provide a place to turn to if exchange enrollees have grievances with their health plans.

**In order for consumers to receive these benefits by 2014, states must move forward now to plan and implement exchanges.** States can design their own exchanges, create regional exchanges with other states, or have the federal government run their exchanges. For any of these options, by planning now, states can customize their exchanges to best meet the unique needs of their residents and small businesses.

## Introducing: The new health insurance marketplace

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# State Exchange Profiles: Missouri

As of May 21, 2012



## Establishing the Exchange

On January 5, 2012, legislation establishing a state-based health insurance exchange was introduced in the Missouri Senate (SB 608).<sup>1</sup> Similar legislation to establish an exchange failed in the 2011 legislative session. In June 2011, the Senate created the Senate Interim Committee on Health Insurance Exchanges to explore Missouri's options to establish a state-based exchange.<sup>2</sup> The Interim Committee, comprised of six Republicans and two Democrats, held their first public hearing in August 2011, to collect stakeholder feedback.

In August 2010, Governor Jay Nixon (D) allowed a law prohibiting health insurance exchanges established in Missouri from offering insurance policies or riders that provide abortion coverage except in cases of life endangerment of the pregnant woman to become law without his signature (SB 793).<sup>3</sup>

Missouri's Health Insurance Exchange Coordinating Council, initially established by the Governor to coordinate the state's response to federal health reform, moved forward with exchange planning in the absence of legislation.<sup>4</sup> The Council includes executive leadership from the Departments of Mental Health; Social Services; Health and Senior Services; Insurance, Financial Institutions and Professional Registration; Missouri HealthNet (the State Medicaid agency); Budget and Planning; and the Missouri Consolidated Health Care Plan. The Council has established four work groups to address exchange components including, Operations; Finance and Coverage; Communications; and Cost-containment and Quality.<sup>5</sup>

The Exchange Coordinating Council identified a number of consultants to provide background research and insurance market analysis to inform decision-making in the state. In August 2011, the Missouri Health Insurance Pool Board released a Request for Information for general exchange component solutions and services; however the contract was never awarded.<sup>6</sup>

Missouri is also participating in the "Enroll UX 2014" project, which is a public-private partnership creating design standards for exchanges that all states can use.<sup>7</sup>

## Exchange Funding

In September 2010, the Missouri Department of Insurance received a federal Exchange Planning grant of \$1 million. The Missouri Health Insurance Pool, a quasi-governmental, non-profit insurer that expanded to operate the federal high risk-pool in the state, received a \$20.8 million federal Level One Establishment grant on August 12, 2011, to build a coordinated information technology infrastructure with a single portal eligibility and enrollment system.<sup>8</sup> However, the Senate Interim Committee, which has been critical of the state's decision to apply for federal grant money without explicit approval from the legislature, has yet to approve spending the funds. In April 2012, the Missouri legislature rejected a \$50 million federal grant to upgrade the state's Medicaid information technology system because lawmakers saw it as a possible framework for building an exchange.<sup>9</sup>

## Next Steps

In February 2012, the Governor stated Missouri would wait until after the Supreme Court rules on the constitutionality of the health care law before proceeding with exchange implementation.<sup>10</sup> Without exchange legislation already in place, there is an increased likelihood the state will not meet the federal timetable for implementation. If Missouri wants to operate a state-based exchange or a state-federal partnership exchange it must submit an exchange [blueprint](#) consisting of a declaration letter signed by the Governor and an application to the U.S. Department of Health and Human Services (HHS) by November 16, 2012. Missouri has until January 1, 2013, to create a state-based exchange that HHS approves as fully or conditionally operational. If not approved, the federal government will assume responsibility for running a [health insurance exchange](#) in the state.

Wednesday, Nov 14, 2012

## Google Fiber customers relish a sneak peek Installation of high-tech service finally is under way as KCK homes are linked up.

By SCOTT CANON  
The Kansas City Star

Two and a half years after its bold promise of light-speed Internet in the living room, Google Inc. is actually sparking up a few homes.

Now comes the hard part. The company on Tuesday promised its customer service will match the cutting-edge technology it is rolling out.

Company officials announced that they were beginning installations in earnest this week after a few trial runs with a small number of customers.

Interviews with a few of the handful of customers already online with the fledgling Google service give it strong marks.

“Over all, I’m very happy so far,” said Jonathan Duran, one of the first customers in the country to get Google Fiber in his home.

He was hooked up with Google Fiber’s TV and Internet service a few weeks ago. As a test subject, Duran said he’s received careful attention from installers and follow-up phone calls from Google making sure things were working well.

He posted a consumer’s eye [video](#) to YouTube with a detailed critique of both the hardware and the service for which he’ll ultimately pay Google \$120 a month, plus taxes.



Duran picks a few nits in his video with Google Fiber: The printed information that comes with the hardware reads more like marketing than instructions. Speed tests don't necessarily show the ultra-wide bandwidth promised, although it can be a tough thing to measure. And he's annoyed that the on-screen TV channel menu doesn't have a quick way to show what's being broadcast now.

But he intends those observations as constructive criticism, Duran said in an interview.

He's long been a fan of Google products, he said, and Google Fiber doesn't disappoint.

"I've never had a problem with it yet," he said.

He was among a just few customers who got a sneak peek at the service in their homes, and who got extra attention from Google Fiber representatives.

As bold as its promise of next-generation Internet speeds, the company said it had studied hard on delivering good customer service. For instance, the company said its installers won't show up between certain hours, they'll show up at a specific time.

Currently, Google customer service director Alana Karen said, residents anticipating cable or Internet installation are "ready to have a bad day. ... We are going to change that."

The company has installed service to a few dozen Kansas City, Kan., customers under a "beta" test phase. With installations beginning Tuesday, Google is at it for real.

#### Good reviews

So far, the select customers patched into the Google Fiber network speak glowingly about Internet that's not just speedy, but steady. They talk giddily about the TV service that streams and stores programming in high definition over hundreds of channels.

And in the few city blocks of Kansas City, Kan., where the service is due to light up screens in the coming weeks, soon-to-be customers wait eagerly for the next-generation connections.

A walk through the neighborhood this week found customers speaking most commonly about an eagerness for an alternative to Time Warner Cable or AT&T's U-verse service.

Dawn Grubb said she wants a reliable Internet connection and a set-top TV box she can count on. She uses U-verse now. She said she's "very excited" about Google wiring her house, but wishes the company were more forthcoming about when to expect an installer.

Dave McClure said he feels like Time Warner has given him erratic service. With Google Fiber, he said, he's expecting a far fuller TV package and hoping for better service.

Lisa Woolery, another resident in the neighborhood, works from home and has been "waiting to fire Time Warner."

Time Warner and AT&T spokesmen said Tuesday they have spent heavily in recent years on both technological and customer service.

Google's announcement Tuesday marks the first small delivery of what it's been promising since it announced in February 2010 that it would show that gigabit-speed Internet connections are practical for the home.



Google Fiber is promising to wrap up installing its service through most of Kansas City, Kan., by the end of next year. It also expects to wire much of Kansas City south of the Missouri River and north of Interstate 435 by the close of 2013.

From there, the company has said it will look to expand its network into the rest of Kansas City. After that, it has deals to move into the smaller north Johnson County communities of Westwood, Westwood Hills and Mission Woods.

In the niches where it will become available soon, Google Fiber poses serious competition to the companies that have been selling Kansas Citians TV and Internet packages. It does not, however, include landline telephone services.

Google first chose what it calls the Hanover Heights neighborhood which also includes the Spring Valley neighborhood, after a pre-registration drive of Google-defined “fiberhoods” found



greatest interest there in its service. The fiberhood is roughly bordered by 46th Avenue on the south, 41st Avenue on the north, State Line Road to the east and Rainbow Boulevard to the west.

Daren Gotham, one of the early customers to get Google Fiber, signed up only for the ultra-fast Internet. Now Gotham says he

doesn't have to plan days ahead to download a movie. As he's cruising the Web, Gotham said, he's now far more likely to click on a video.

“Videos are much clearer and much quicker to load,” he said. “Everything is much faster. If I had a website that took forever to load, it doesn't anymore.”

**To reach Scott Canon, call 816-234-4754 or email [scanon@kcstar.com](mailto:scanon@kcstar.com).**

# Time Warner Starter Internet - Kansas City

## Project Background

TWC and other cable providers are working with the FCC on expanding broadband adoption into low income homes as part of a program called Connect to Compete.

- The TWC program is called Starter Internet (SI)
- Each cable company is launching their version of the program.
- In the past year Comcast has signed up over 100k student homes to the program

## Time Warner Cable:

- TWC launched a Starter Internet pilot to 400 schools (East and West) across the country which began October 1 through Jan 31
- A second pilot will launch in Kansas City to 190 schools November 12 through Jan 31

## The Starter Internet Pilot launching Nov. 7 in Kansas City

- 9 school districts will participate with 190 total schools in the pilot with an estimated base of 70k students / 30k homes
  1. Kansas City Missouri (Charter Schools are also being added to the list)
  2. Kansas City Kansas
  3. Tuner
  4. Bonner Springs
  5. Shawnee Mission
  6. Center
  7. Leavenworth
  8. Hickman Mills
  9. Grandview
- Pilot runs November 12 thru Jan 31
- All schools in each district are eligible to participate in the pilot
- Student Families need to meet all requirements to subscribe including standard credit checks

The offer:

- \$9.95 / month for 1/1 connection (Lite tier of service)
- The speeds in KC will change mid-December to 5x1 – Starter Internet customers will realize the speed increase at no additional cost for the duration of the 2 years
- Pricing good for 2 years
- No Contract
- No early termination fee
- A free and professional install
- Security suite included - \$100 value
- Starter Internet families will have access to Community wifi (currently 80 sites, expanding to 300 sites by year-end)
  - There are 12k Lite users in KC who will not have access to wifi consistent with the Lite product offer nationwide

## **Key Learnings**

Mobility of students is an issue in **every** school district we met with in the KC region.

- o In some high schools 50% of students move once during the year
- o In KCMO 15 % of students move four times or more
- o In KCMO school doesn't have phone numbers for 30% + of the student population
- o Turner schools have a 30% move rate
- o Most schools struggle with confirming student address / phone
- o Email to parents is a challenge – either no email or access issues
- o TWCs Starter Internet will move with the student family provided they are within the TWC footprint

## **Timeline of Events**

- November 12 – Jan 31 = KC pilot for 190 schools
- November 10 = KC Stemfest CAMM event
- Thursday, November 29 @ 10:30 a.m.= Press conference announcing launch of Starter Internet (location to be determined) - Mayor James and Mayor Reardon have been invited.
- Mid-December = press opportunity for scheduled speed tier changes for KC area including Starter Internet
- Jan 31 = close of pilot / press opportunity to discuss success of program and next steps

## **Community Groups Supporting Starter Internet - Kansas City**

There are opportunities for local organizations and nonprofits to support the SI - Kansas City project. That roll can be as either a distribution of program information (flyers) and/or provide a supporting service - e.g. refurbished computers; technology literacy programs; etc. Each partner will be invited to join the school districts and elected officials at the press event referenced above. The organizations that I have spoke to thus far are listed below:

- Boys and Girls Clubs
- Habitat for Humanity
- KCMO Public Library; KCK Public Library; Mid-continent Library
- Connecting for Good
- Kansas City Digital Literacy Coalition
- Local Investment Commission (LINC)
- ArtsTech
- Central Bank
- Kansas City Power & Light

# Starter Internet

## Frequently Asked Questions.

### What is Starter Internet?

Starter Internet is a pilot program from Time Warner Cable that has been designed specifically for low-income families who do not currently have access to high-speed Internet service in the home. Families in a select number of schools within the Time Warner Cable service area are eligible to apply for this program. With Starter Internet, there are no price increases, no activation or installation fees, and no equipment rental fees for the first two years. Starter Internet includes the same speed as Lite Internet (in most markets, it's up to 1 Mbps x 1 Mbps) with a cost of \$9.95 per month plus tax. It also comes with email and Internet security.

### Who is eligible for Starter Internet?

Families with children enrolled in the selected 400 pilot schools are eligible to apply for Starter Internet. Additionally, these families must 1) not have subscribed to Time Warner Cable Internet within the last 3 months, 2) not have any outstanding Time Warner Cable bills or unreturned equipment, and 3) have a working, Internet-ready computer at home.

### When and where will Starter Internet be available?

Starter Internet will initially be available as a pilot program in 400 schools throughout the Time Warner Cable service area. The enrollment period begins on October 1, 2012 and ends on November 30, 2012. For a list of schools participating in the pilot program, please visit [twc.com/starterinternet](http://twc.com/starterinternet).

### How do I apply for Starter Internet?

Eligible families can go online to [twc.com/starterinternet](http://twc.com/starterinternet) to learn more about the program and begin the application process. Families without access to the Internet can apply by phone at 855-746-8704. Families will need their school's unique Offer Code to sign up.

### What is an Offer Code?

Each participating school has a unique Offer Code that is required to sign up. Eligible families will receive this Offer Code from their School Administration or the Starter Internet materials provided to families and students.

### What if my family does not have a computer?

In order to sign up for this program, a family must have an Internet-ready, working computer at home. As part of the Starter Internet program, Connect2Compete is offering low-cost refurbished computers to eligible families. Visit [twc.com/starterinternet](http://twc.com/starterinternet) to learn more.

### I am a current Time Warner Cable customer, can I sign up for Starter Internet?

Current Time Warner Cable customers can subscribe to Starter Internet as long as they meet the program eligibility requirements and have not subscribed to any tier of Time Warner Cable Internet in the past 90 days.

### What is Connect2Compete?

Connect2Compete is a national, not-for-profit initiative, aiming to connect students by partnering with companies like Time Warner Cable to bring low-cost Internet service, computers, and digital literacy training to families nationwide.

### Where can I learn more about Starter Internet?

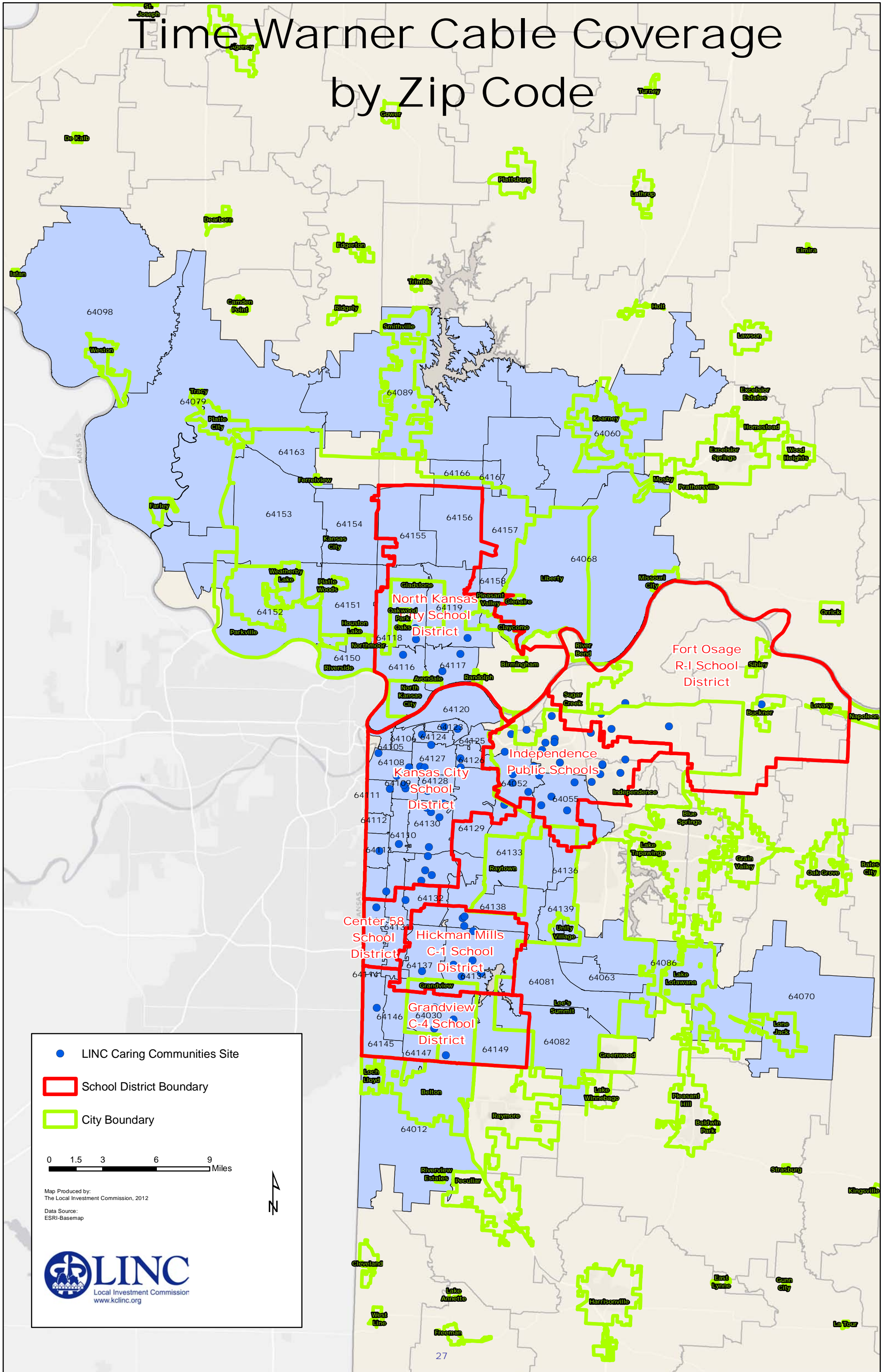
Visit [twc.com/starterinternet](http://twc.com/starterinternet) to learn more.

Offer valid October 1 - November 30, 2012. One Starter Internet account per household. Offer includes one free modem lease per household for two years and standard installation. Cannot be combined with any other stand-alone or bundle offers. Free standard installation is for one Starter Internet connection in the home. After the 24 months, regular rates including modem lease fee will apply. Modems can also be purchased at retailers. Approved modems can be found at [twc.com/approveddevices](http://twc.com/approveddevices). You may cancel anytime by calling 800-TWCABLE (800-892-2253). Actual speeds may vary. Not available in all areas. Some restrictions may apply. Subject to change without notice. Internet Security is not available for Macintosh computers. Time Warner Cable will not provide any warranty or have any liability relating to your use of the McAfee Antivirus Software. Your download and use of the McAfee Antivirus Software will be subject to an End User License Agreement required by McAfee. McAfee is a registered trademark of McAfee, Inc. ©2012 Time Warner Cable, Inc. All rights reserved. Time Warner Cable and the Time Warner Cable logo are trademarks of Time Warner Inc. Used under license.

**connect2**  
**COMPETE**

 **Time  
Warner  
Cable®**

# Time Warner Cable Coverage by Zip Code




- LINC Caring Communities Site
- School District Boundary
- City Boundary

0 1.5 3 6 9 Miles

Map Produced by:  
The Local Investment Commission, 2012

Data Source:  
ESRI-Basemap



## Bailus Tate

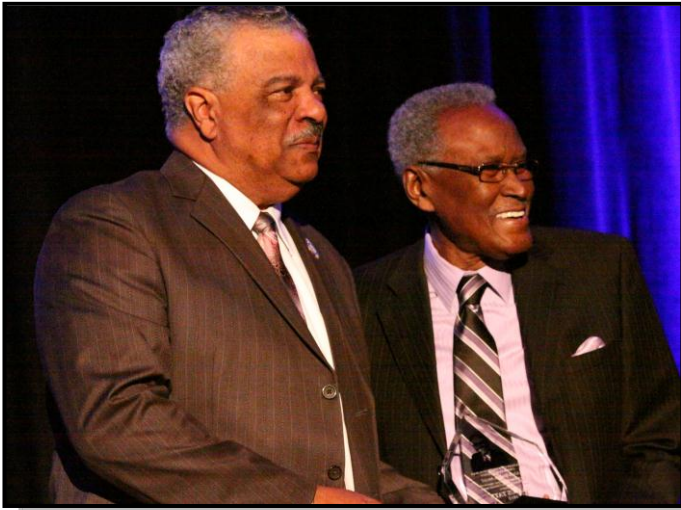
### Kansas City Crime Commission: Alvin Brooks Award 2012

The year 2012 marks the 10<sup>th</sup> anniversary of the very important award to the community leader who best exemplifies the spirit and dedication to law enforcement and community service that is reflected by Kansas City, Mo's very own Alvin Brooks.

This year's recipient has truly made a difference in the Kansas City community. He is currently active on several non-profit community boards of directors.

He has had a commitment to the Kansas City, Mo. community and its law enforcement organizations for many years. Beginning in 1987, he worked impressively on the Kansas City board of police commissioners for eight years and became its president in 1991.

He went on to serve as treasurer of the Kansas City Police Pension board, the board of



the Police Athletic League of Kansas City, chair of the Kansas City Metropolitan Crime Commission, vice chair of its safe program, and he is current chair of its Second Chance program.

Elsewhere in our community he has volunteered on the MOSCA advisory board committee, the board of directors for the Negro Leagues Baseball Museum, Genesis School, the Local Investment Commission, Full Employment Council and the

Kansas City Port Authority to name a few.

There is a clear pattern of commitment to people and community when we look at this year's recipient. We see a man who has given his time, talents and treasure to serve law enforcement organizations in our community.

He doesn't talk the talk. He walks the walk.

He doesn't say "no" because he's too busy, instead he says "yes, what do you need me to do?"

He has made a tremendous difference in the lives of members of law enforcement and also the lives of many others in our community.



## History of Chess and LINC

**LINC Chess is an example of how an involved community can change an entire school.**

In 1999 at **Blenheim Caring Communities** a group known as Men on the Move started teaching children how to play chess. Early results were encouraging: better focus, fewer discipline issues and improved academic performance. One of those involved was **Lee Bohannon**, then a LINC volunteer, who had a passion for chess.

Since then, LINC has partnered with schools and libraries to host **tournaments** throughout the city and has established a **Chess University** to teach volunteers about the game in order to step into an instructional role at local LINC Caring Communities Sites.

## How does it work?

The LINC Chess program is FREE for any student currently enrolled at a LINC Caring Communities site. All equipment, training, and tournaments are provided by the program.

LINC Chess runs September through May at LINC Caring Communities sites. Classes meet twice weekly - once with a LINC Chess trained instructor and once with their volunteer chess coach.

Three K-12 Tournaments are held each year for any chess student in the Kansas City area, as well as a K-12 All-Girls tournament. Each tournament participant is awarded a medal, and top school teams and individuals may receive additional awards.

## Chess University

LINC Chess University was established to teach adults to play using the same methods taught in LINC Chess. Classes were originally developed to help LINC staff operate chess programs at sites, but are now open to adults who want to volunteer and parents who want to play with their student.

## Instructors

The LINC Chess initiative is extremely important to LINC. We have hired well-qualified instructors to implement the Chess program for all students in the LINC program.

## Why chess?

Chess encourages the following attributes which help students perform better in school and control their actions in moments of stress or anxiety.

### Focus

Carefully observe and concentrate

### Visualization

Predict and imagine a sequence of actions before it happens

### Thinking Ahead

Think first, then act. Students are taught to ask, "If I do this, what might happen and how can I respond?"



## Benefits of Chess

Improve self-esteem, concentration, and discipline

Improve academic achievement and logical thinking skills

Build and develop important life skills for excellence at school and adult life

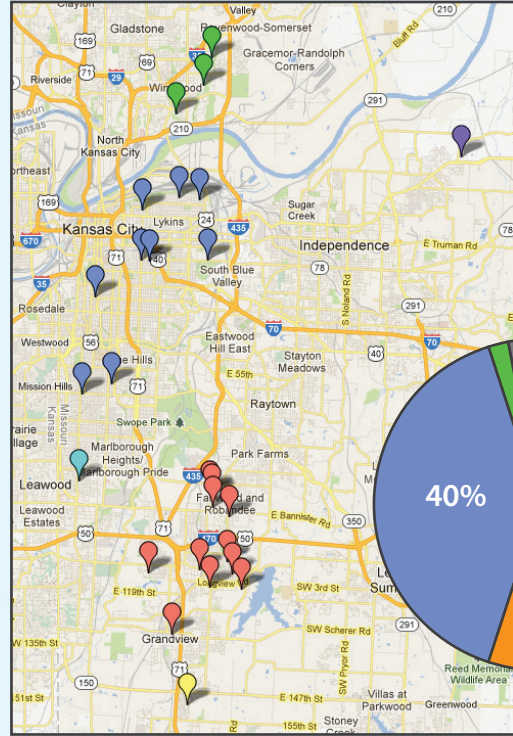
Parents are involved, supportive, and proud of their children's efforts and achievements

Since 2001, the LINC Chess program has helped over 2,500 students in more than 25 Kansas City area schools learn confidence, discipline, and higher-order thinking skills.

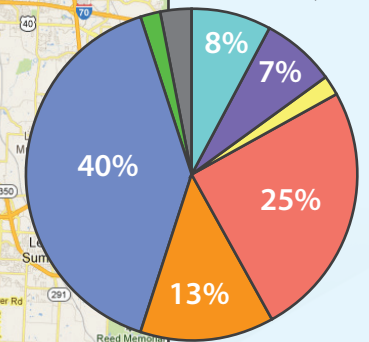


**543** students  
**26** sites  
**6** districts

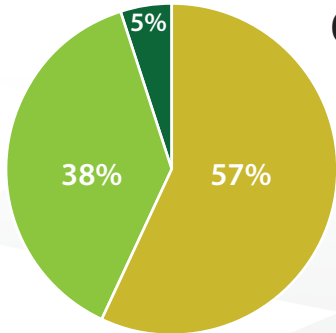
LINC Chess Sites as of Nov. 13, 2012



Registration by district at the K-12 Year-End Tournament (May 5, 2012)

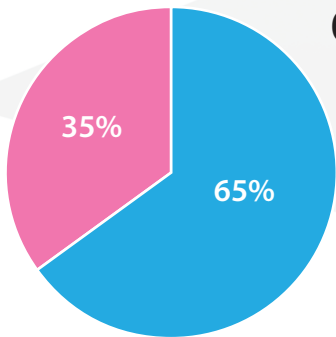


### Grade in School



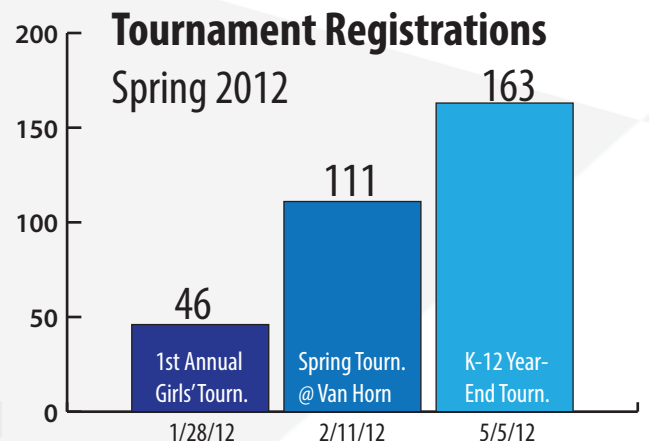
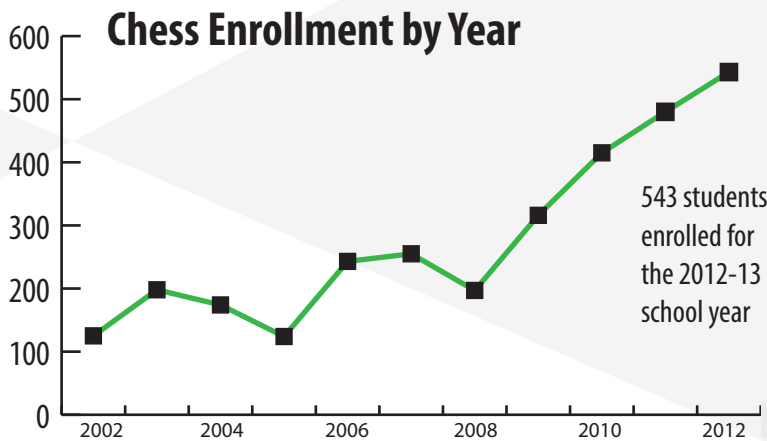
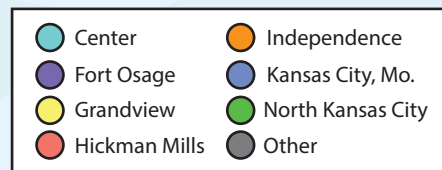
■ K-3  
■ 4th-6th  
■ 7th-12th  
 \* Based on 2012-13 school year initial enrollment

### Gender



■ Boys  
■ Girls  
 \* Data for students in grades K-9th

The 2012 K-12 Year-End Tournament was the biggest LINC Chess tournament to date hosting 140 students from the Kansas City area.



# Chess: The Best Move for Students

*By Salome Thomas-EL*

The next time President Barack Obama and U.S. Secretary of Education Arne Duncan are sitting together discussing education reform, I hope that it will be across the table from one of my elementary or middle school students. If so, there will inevitably be a chessboard between them, and I am certain my students will win every match.

My inner-city students, many of whom come from some of the most impoverished neighborhoods in Philadelphia and Wilmington, Del., have traveled the country to compete in, and win, local, state, and national chess championships. Gov. Jack Markel of Delaware and former Govs. Arnold Schwarzenegger of California and Edward G. Rendell of Pennsylvania, all smart men, have challenged my students to chess matches and lost. A host of mayors, members of Congress, senators, and school superintendents—anyone brave enough to visit city schools and spend time with my students—all made the same mistake of taking them on, with similar results. These are the same children that most of society has forgotten. Yet they have gone on to attend magnet and private high schools, competitive colleges, and graduate and law schools.

Unfortunately, most of our nation's urban and rural students won't have the same opportunities as my chess players because, as a general rule, we don't teach our children to think critically or to think ahead. We don't teach them to use logic and reason or to consider rewards and consequences before they make decisions.

In the United States, we have become so focused on test scores that we have forgotten to teach our students to appreciate the process of learning, to embrace struggle, and to build self-efficacy and resilience.

**“In the United States, we have become so focused on test scores that we have forgotten to teach our students to appreciate the process of learning, to embrace struggle, and to build self-efficacy and resilience.”**

Students must learn that they are not born smart, but become smart through hard work and the process of growth. Chess can help establish that foundation for students as young as 5 and 6 years old, and it is simple enough to learn quickly. Students can use a few pieces, or all of them, as they gradually learn the game. Imagine young kindergartners or 1st and 2nd graders beginning to learn to anticipate moves, think ahead, and solve multi-step problems. All children need to learn how to make difficult and abstract decisions independently and think logically and efficiently. And teaching these skills to them at an early age can make a big difference to them as they progress through their education.

I have used chess as a teaching tool in the three schools where I have worked as a turnaround principal. In each instance, most of the students were city kids, poor and minority. My mission has been to teach the game of chess to every student I have known over my 25-year career.

My current school, Thomas Edison Charter, in Wilmington, Del., serves students in grades K-8, 96 percent of whom are living at or below the poverty level. Many of our students are seen as at risk of not meeting with academic success before entering our charter school, yet they excel, in part, because of our instructional curriculum and the support they receive from the administration, teachers, and staff.

But the success of our students is also a credit to our after-school chess program, which has had a tremendous impact on how our older students think and problem-solve.

This past school year, we received Delaware's Academic Achievement Award for closing the achievement gap in a high-poverty school, improving our state test scores, and moving those scores closer to the state average. In addition, this past summer, our 8th graders were recognized for scoring over 90 percent proficiency in math and 85 percent proficiency in English/language arts on our state tests.

A year ago, I met with my teachers, and we decided to give our 2nd and 3rd graders the opportunity to learn and benefit from chess with our First Move program. Our 3rd, 4th, and 5th graders are doing the same in our Algebra Through Chess course. In total, we have almost 100 students who participate in our after-school chess program every day.

It goes without saying that exposing children to academics in the classroom advances cognition; however, games like chess, played in the classroom, can foster memory, skill at planning and strategizing, and development of cognition. Much of the traditional U.S. curriculum in the early grades does not allow for students to learn and teach themselves. Chess permits students to think on their own without the assistance of adults.

Students exposed to chess are much more optimistic about overcoming obstacles and struggles on a regular basis. Research supports the idea that schools that establish innovative programs like chess playing develop high expectations for their students and the atmosphere in which their students can achieve them.

“...[S]chools that establish innovative programs like chess playing develop high expectations for their students and the atmosphere in which their students can achieve them.”

America has much to learn from the rest of the world regarding education. Countries as small as Armenia have made chess a mandatory school subject for children over the age of 6, with the goal of teaching strategic thinking to all elementary students. As an advocate for this course of instruction, the chess grandmaster and former world champion Gary Kasparov is challenging countries around the globe to adopt chess as part of their elementary curricula. Implementing chess in the U.S. curriculum could be the low-cost answer to many of our education woes.

So many young people are raised to question their intelligence. Chess helps shatter that doubt. Chess teaches our young people about rewards and consequences, both short- and long-term. It challenges young people to be responsible for their actions. It cuts across racial and economic lines and allows poor kids to excel at a game thought to be reserved for the affluent. It boosts self-confidence. It is the great equalizer.

When a school redefines its culture by building a vision and commitment that is innovative and creative, based on increasing self-efficacy and resilience, it has the power to serve as a protective shield for all students. It can become a beacon of light for impoverished communities.

I believe that all children are entitled to success in learning and life, regardless of their gender, race, or socioeconomic status.

Mr. President, it's your move.

*Salome Thomas-EL is the principal of the Thomas Edison Charter School in Wilmington, Del., and the author of The Immortality of Influence: We Can Build the Best Minds of the Next Generation (Kensington Publishing, 2010).*

*Widely known as Principal EL, he is a national board member of America's Foundation for Chess, which is based in Bellevue, Wash.*

# FAMILY READ ALOUD MONTH

{NOVEMBER 2012}

◆ Your Family ◆ Our Stories ◆ Inspiring Lifelong Reading ◆



The Kansas City Public Library and Turn the Page Kansas City are encouraging families to spend at least one hour each week reading aloud to one another during the month of November. Pick up a Family Read Aloud Month reading log at any Library location or print out a log at [kclibrary.org](http://kclibrary.org) and return it to be entered into a drawing for prizes.

## Share photos of your family reading together

Email to [readaloudkc@kclibrary.org](mailto:readaloudkc@kclibrary.org) | Post at [readaloudkc.tumblr.com](http://readaloudkc.tumblr.com)  
Tweet with the hashtag [#readaloudkc](https://twitter.com/readaloudkc) | Share at [Facebook.com/kclibrary](https://www.facebook.com/kclibrary)  
and [Facebook.com/turnthepagekc](https://www.facebook.com/turnthepagekc)

*Submitting a photo entitles the Kansas City Public Library and Turn the Page KC to use it freely in promotional materials associated with this and other reading initiatives.*

